WEEKLY PANTRY SUPPLY & REFRESHMENT BUDGET

Office Refreshments and Kitchen Supplies Planning & Expenses

Week Ending Date: _____

Department/Office: _____

Prepared By: _____

Approved By: _____

CATEGORY	ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL COST	NOTES

Subtotal	
Estimated Tax	
Delivery / Other	
Total Budget	

Prepared By (Signature & Date)

Approved By (Signature & Date)